

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 30 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000037986

1. Corporation Name

GETRA - GENERAL TRADING COMPANY

Principal Place of Business

Mailing Address

4748 N.W. 103RD COURT
MIAMI FL 33178

4748 N.W. 103RD COURT
MIAMI FL 33178

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1995

Suite, Apt. #, etc. 410

Suite, Apt. #, etc. 410

5. FEI Number

65-0603294

Applied For

Not Applicable

City & State MIAMI - FL

City & State MIAMI - FL

Zip 33131

Zip 33131

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	SOUZA, LEONARDO D. S	4748 N.W. 103RD COURT	MIAMI FL
SD	ANTONIO, JORGE E	4748 N.W. 103RD COURT	MIAMI FL
DT	SOUZA, SILBENE	4748 N.W. 103RD COURT	MIAMI FL
			400002703454-1
			-12/04/98--01078--007
			***750.00 ***750.00
			98
			FL 12-4-98

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSE M. VEGA
25 S. E. 2 AVE 201
MAIN FLOOR
MIAMI FL 33131

Name

JOSE M. VEGA

Street Address (P.O. Box Number is Not Acceptable)

25 S.E. 2 AVE

Suite, Apt. # Etc.

#410

City

MIAMI

State

FL

Zip Code

33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/23/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/98 (305) 539-9050
Date Daytime Phone #

CR2E040 (9/98)